COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030980 US

As a below named inventor, I h	nereby declare that:							
My residence, post office address and citizenship are as stated next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
the specification of which (chec	the specification of which (check only one item below):							
is attached hereto.								
☐ was filed as United States a	application							
Serial No								
on								
and was amended								
on								
	nal application							
Number PCT/IB2004/05112	20							
on <u>05 July 2004</u>								
and was amended under PCT Article 19								
on			(if applicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.								
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).								
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:								
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:								
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119					
Europe	03102443.3	6 August 2003	YES					
·								

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)					d)	Attorneys Docket Number PHNL030980 US		
POW	ER OF ATTORNE	V: As a named invento	r I hereby appoin	t the following attorney(s) and/oh. (List name and registration n	or agent(s) to proumber)	esecute this application and transact		
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245					Direct Telephone Calls to: (name and telephone number) (914)332-0222			
FULL NAME OF F		FAMILY NAME PENTERMAN		FIRST GIVEN NAME Roel		SECOND GIVEN NAME		
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDR		5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands		
	FULL NAME OF INVENTOR	FAMILY NAME KLINK		FIRST GIVEN NAME Stephen		SECOND GIVEN NAME Isadore		
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDR ADDRESS Prof. Hoistlaa		n 6 5656 AA Eindhoven		en	STATE & ZIP CODE/COUNTRY The Netherlands		
	FULL NAME OF INVENTOR	FAMILY NAME VOGELS	FIRST GIVEN NAME Joost		SECOND GIVEN NAME Peter André COUNTRY OF CITIZENSHIP			
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		The Netherlands STATE & ZIP CODE/COUNTRY		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Hoistlaan 6		5656 AA Eindhoven		The Netherlands		
FULL NAME OF FAMILY NAME BROER		BROER		FIRST GIVEN NAME Dirk		SECOND GIVEN NAME Jan		
204	RESIDENCE & CITIZENSHIP	Eindhoven POST OFFICE ADDRESS Prof. Holstlaan 6		STATE OR FOREIGN COUNTRY The Netherlands CITY 5656 AA Eindhoven		COUNTRY OF CITIZENSHIP The Netherlands STATE & ZIP CODE/COUNTRY The Netherlands		
	POST OFFICE ADDRESS							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.								
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNAT	URE OF INVENTOR 203			
Volletuman								
03 March 2005		DATE DA		DATE	DATE			
SIGNA	TURE OF INVENT	OR 204						
DATE			1					

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) Attorneys Docket Number PHNL030980 US						Attorneys Docket Number PHNL030980 US		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)								
Mich	E. Haken, Reg. ael E. Marion, R					Direct Telephone Calls to: (name and telephone number) (914)332-0222		
	FULL NAME OF INVENTOR	FAMILY NAME PENTERMAN CITY Eindhoven POST OFFICE ADDRESS Prof. Holstlaan 6		FIRST GIVEN NAME Roel STATE OR FOREIGN COUNTRY The Netherlands CITY 5656 AA Eindhoven		SECOND GIVEN NAME		
201	RESIDENCE & CITIZENSHIP					COUNTRY OF CITIZENSHIP The Netherlands STATE & ZIP CODE/COUNTRY The Netherlands		
	POST OFFICE ADDRESS							
	FULL NAME OF INVENTOR	FAMILY NAME KLINK		Stephen		SECOND GIVEN NAME Isadore COUNTRY OF CITIZENSHIP		
202	RESIDENCE & CITIZENSHIP POST OFFICE	CITY Eindhoven POST OFFICE ADDRESS		STATE OR FOREIGN COUNTRY The Netherlands CITY		The Netherlands STATE & ZIP CODE/COUNTRY		
· · · · ·	ADDRESS	Prof. Holstlaa		5656 AA Eindhoven		The Netherlands		
203	INVENTOR RESIDENCE &	VOGELS		Joost STATE OR FOREIGN COUNTRY		Peter André COUNTRY OF CITIZENSHIP		
203	CITIZENSHIP POST OFFICE	Eindhoven POST OFFICE ADDRESS		The Netherlands		The Netherlands STATE & ZIP CODE/COUNTRY		
	ADDRESS Prof. Holstlaa		FIRST GIVEN NAME		en	The Netherlands SECOND GIVEN NAME		
204	INVENTOR RESIDENCE & CITIZENSHIP	BROER		Dirk STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	Post office address Prof. Holstlaan 6		The Netherlands CITY 5656 AA Eindhoven		The Netherlands STATE & ZIP CODE/COUNTRY The Netherlands		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.								
SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203			
DATE		DATE 04 March 2005		DAYE O	DATE 04 March 2005			
SIGNATURE OF INVENTOR 204 Dirh Brae								
DATE	04 March 2005					•		

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STATEM	ent under 37 CFRB43(b) 300 GT/TTO 03 FEB 200
Applicant/Patent Owner: Koninklijke Philips Electronics	N.V.
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
	RTING MEMEBERS COVALENTY BONDED TO THE SUBSTRATES
Koninklijke Philips Electronics N.V.	, a corporation
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, title, and interest.	est; or
2. an assignee of less than the entire right, title a The extent (by percentage) of its ownership in the patent application/patent identified above by wards.	nterest is —————%
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[] Additional documents in the chain of ti	
[] Copies of assignments or other documents in the [NOTE: A separate copy (i.e., the original assignment be submitted to Assignment Division in accretorded in the records of the USPTO. See MF	nment document or a true copy of the original document) coordance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is a	authorized to act on behalf of the assignee.
2/1/06	Aaron Waxler, Reg.48,027
Date	Typed or printed name
(914) 333-9608	4
Telephone number	Signature
	Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby r 37 CFR 3		revious p	powers of attorney	given	in the appli	cation identified	in the a	ttached state	ment under
I hereby a								7	
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OR Pract	itioner(s) nam	ed below (if more than ten patent	t practition	oners are to be	named, then a cus	stomer nur	J nber must be us	sed):
		Name			tration		Name		Registration Number
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Please char	nge the corres	pondence	address for the applica	ation ide	ntified in the a	ttached statement u	ınder 37 C	FR 3.73(b) to:	
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Assignee N	ame and Addi	ess:							
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			Groen	ewou	adseweg	1			
			5621	BA E	lindhov	en, The N	ether	lands	
filed in ea	ch applicati tioners app	lon in wh ointed in	with a statement up ich this form is use this form if the ap	ed. The pointed	e statement I practitione	under 37 CFR 3. er is authorized t	.73(b) ma	ay be complet	ted by one of
ano must	identity the	applicat	ion in which this P		of Assignee of				
	The	dividual w	hose signa are and titl	le is sup	plied below is	authorized to act or	n behalf o	f the assignee	
Signature	////		16. M	au	n		Date 1	4 Janua	ry 2005
Name	Michae	el E.	Marion				Telepho	one (914)	333-9637
Title	Author	cized	Representa	tive	<u> </u>				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.